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NEBRASKA DEPA			TH AND HUMAN SEF LIC HEALTH ASSURAN				<u> </u>		
			ANSFERS OF INDUST						
NAME OF VENDOR		(00	<u></u>		REPORTIN	G PERIOD			
		FROM			TO				
LICENSE NUMBER:	LICENSE NUMBER:								
For eac	ch "person" t	o whom a	devices(s) has been trans		ng period, su	pply the fol	lowing:		
NAME OF INTERMEDIATE P	INTERMEDIATE RESPONSIBLE INDIVIDUAL	PERSON (if any)  TITLE OF RESPONSIBLE INDIVIDUAL  TELEPHONE							
NAME OF INTERMEDIATE I	ENCON	TAXINE OF	REGI GIOGIBLE INDIVIDUAL	THE OF RESI CHOIDE INDIVIDUAL					
GENERAL LICENSEE USER INFORMATION									
NAME OF GENERAL LICENS	SEE USER			MAILING ADDRESS AT THE L	OCATION OF I	JSE (No. P.O. E	Boxes, include Zip Code)		
DEPARTMENT				-					
NAME OF RESPONSIBLE IN	DIVIDUAL		TELEPHONE	_					
TITLE OF RESPONSIBLE IN	DIVIDUAL								
			INFORMATION ON DEV	/ICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF I	DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOT	OPE	ACTIVITY & UNITS		
			INTERMEDIATE	PERSON (if any)					
NAME OF INTERMEDIATE PERSON NAME OF			RESPONSIBLE INDIVIDUAL	INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE			TELEPHONE		
GENERAL LICENSE USER INFORMATION									
NAME OF GENERAL LICENS	SEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)					
DEPARTMENT		-							
NAME OF RESPONSIBLE IN	DIVIDUAL		TELEPHONE						
TITLE OF RESPONSIBLE INDIVIDUAL									
INFORMATION ON DEVICE(S) TRANSFERRED									
DATE OF TRANSFER TYPE OF DEVICE		DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOT	OPE	ACTIVITY & UNITS		
						_			

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## NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM

## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(10 SENERAL LISENSES)								
INTERMEDIATE PERSON (if any)								
NAME OF INTERMEDIATE PERSON NAME OF		RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL		TELEPHONE			
NAME OF INTERMEDIATE PERSON NAME OF		RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL		TELEPHONE			
			GENERAL LICENSEE	USER INFORMATION				
NAME OF GENERAL LICENS	SEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)				
DEPARTMENT								
NAME OF RESPONSIBLE IN	DIVIDUAL		TELEPHONE	-				
TITLE OF RESPONSIBLE IN	DIVIDUAL		L					
			INFORMATION ON DE\	/ICE(S) TRANSFERRED				
DATE OF TRANSFER	TYPE OF D	DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS		
			INTERMEDIATE	PERSON (if any)				
NAME OF INTERMEDIATE PERSON NAME OF RESPONSIBLE INDIVIDUAL				INDIVIDIUAL TITLE OF RESPONSIBLE TELEPHONE				
			GENERAL LICENSE	USER INFORMATION				
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)				
DEPARTMENT								
NAME OF RESPONSIBLE INDIVIDUAL TELEPHONE								
TITLE OF RESPONSIBLE IN	DIVIDUAL							
INFORMATION ON DEVICE(S) TRANSFERRED								
DATE OF TRANSFER	F TRANSFER TYPE OF DEVICE		MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS		

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## NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEE)								
For each "person" to whom a devices(s) has been transferred during the reporting period, supply the following:								
		GENERAL LICENSEE	USER INFORMATION					
NAME OF GENERAL LICENS	SEE USER		MAILING ADDRESS AT THE L	OCATION OF USE (No. P.O. E	Boxes, include Zip Code)			
DEPARTMENT								
		INFORMATION ON DEV	/ICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS			
GENERAL LICENSE USER INFORMATION								
NAME OF GENERAL LICENS	SEE USER		MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)					
DEPARTMENT								
INFORMATION ON DEVICE(S) TRANSFERRED								
DATE OF TRANSFER	TE OF TRANSFER TYPE OF DEVICE		SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS			
GENERAL LICENSE USER INFORMATION								
NAME OF GENERAL LICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)					
DEPARTMENT								
INFORMATION ON DEVICE(S) TRANSFERRED								
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS			

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## NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM

TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)									
For each device for which required label information has been changed, supply the following::									
		GE	NERAL LICENSEE	USER INFORMAT	ION				
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS	AT THE LOCATION OF	USE (No. P.O. Boxes, ir	nclude Zip Code)		
DEPARTMENT									
		IN	FORMATION ON D	EVICE(S) RECEIV	ED				
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND UNITS		
	ı	GE	NERAL LICENSEE	USER INFORMAT	ION				
NAME OF GENERAL	LICENSEE USER			MAILING ADDRESS	AT THE LOCATION OF	USE (No. P.O. Boxes, ir	nclude Zip Code)		
DEPARTMENT									
			FORMATION ON B	E (10E(0) BEOE!) (					
TYPE OF	MODEL	PREVIOUS	NEW SERIAL	PREVIOUS		PREVIOUS LABEL	LABEL		
DEVICE	NUMBER	SERAL NUMBER	NUMBER	ISOTOPE	NEW ISOTOPE	ACTIVITY AND UNITS	ACTIVITYAND UNITS		
	I.	GE	NERAL LICENSEE	USER INFORMAT	ION	I.			
NAME OF GENERAL	LICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)					
DEPARTMENT									
	INFORMATION ON DEVICE(S) RECEIVED								
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITYAND UNITS		